

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B014001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2015
NAME OF PROVIDER OR SUPPLIER KEEN BOARDING CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1561 NAVAJO RD CLAY CENTER, KS 67432		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The Licensure Resurvey at the above named Boarding Care Home in Clay Center, Kansas on 10/21/15, 10/25/15, and 10/26/15, resulted in no deficiency citations.	S 000		
S4010 SS=D	28-39-401(c) Admission (c) Admission. (1) The facility shall admit and retain only persons in need of supervision. The facility shall accommodate a maximum of 10 residents. (2) Before admission, the prospective resident or the legal guardian of the resident shall be informed, in writing, of the rates and charges and the resident's obligations regarding payment, including the refund policy of the facility. (3) At the time of admission, the licensee shall execute a written agreement with the resident or the legal guardian of the resident which describes in detail the goods and services which the resident shall receive and which sets forth the obligations which the resident has toward the facility. (4) The facility shall not admit persons with an infection or disease in communicable stage; women who are pregnant or within three months following pregnancy; or persons in need of active treatment for alcoholism; mental condition, or drug addiction. This REQUIREMENT is not met as evidenced by: KAR 28-39-401(c) The census equalled four the sample included	S4010		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S4010	<p>Continued From page 1</p> <p>three Residents. Based on observation and interviews, for one of three sampled, the Operator failed to admit and retain only persons in need of supervision.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - By review on 10/21/15 at 12:47pm, Resident Roster completed by Operator #F identified #189 as requiring two person transfer, bathing assistance, and toileting assistance. - On 10/21/15 at 12:47pm Operator #F stated we have one Resident we have to help now... he/she has declined... we help #189 in the bathroom and with showers and to get up and down from chairs and so on... we walk with him/her to make sure safe using walker... <p>By observation on 10/21/15 at 12:52pm, facility staff #D and Operator #F assisted #189 to a standing position... staff pulled out chair from dining table... #D and #F each lifted #189 under the arms as he/she stood... #F walked in front of #189 and #D walked behind as #189 used a walker from dining table to recliner... staff then guided Resident down into recliner and assisted him/her to position... staff then raised feet of recliner for Resident.</p> <p>The Operator failed to admit and retain only persons in need of supervision, in regard to #189 who required direct hands on care and assistance with activities of daily living, transfers, and mobility for safety.</p>	S4010		